

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42188

State File No. _____

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11276

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>55 yrs Mo.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5139 Natural Bridge Blvd.</u>				e. STREET ADDRESS (If rural, give location) <u>5139 Natural Bridge Blvd.</u>			
3. NAME OF DECEASED (Type or Print) <u>Richard Alexander Hogge</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 22, 1873</u>	
9. AGE (In years last birthday) <u>82 yrs</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 MRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Tobl & Die</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Machinist</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Boston, Massachusetts</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>William Hogge</u>			13b. MOTHER'S MAIDEN NAME <u>Mary MacKenzie</u>			14. NAME OF HUSBAND OR WIFE <u>Lillian Hogge (Koboldt)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-01-6313</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lillian Hogge, 5139 Nat'l. Bridge 15</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wascor G. J. Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>12-18-55</u> ANTECEDENT CAUSES DUE TO (b) <u>unalignant Hypertension</u> <u>10 years</u> DUE TO (c) <u>atherosclerosis</u> <u>13 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>578 x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>12/4, 1937</u> , to <u>12/21, 1955</u> , that I last saw the deceased alive on <u>12/20, 1955</u> , and that death occurred at <u>1:15 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl Feutz</u> (Degree or title) <u>Do 2</u>				23b. ADDRESS <u>5349 Riverwood Bend</u>		23c. DATE SIGNED <u>12/21/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 24, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Picker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 23 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Feutz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. FEUTZ, 4828 NAT'L. BRIDGE, 15</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ralph C. Zimmerman*.....

Licensed Embalmer No...427

P. O. Address... *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.